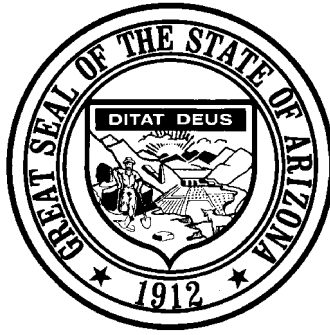




***Collaborating For
A Healthier Future***

Arizona Department of Health Services

March 2001



Arizona 2010 - Collaborating for a Healthier Future

March 2001

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State of Arizona

Catherine R. Eden, Director
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Collaborating For A Healthier Future

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Source of data displayed in graphs unless otherwise indicated is:
ADHS. Arizona Health Status and Vital Statistics, 1999.

Arizona Department of Health Services
Mission

**Setting the standard for personal and
community health through direct care delivery,
science, public policy and leadership.**

A Message from the ADHS Director

I am pleased to present this plan to improve the health of Arizonans over the next decade. Healthy Arizona 2010 is based upon the national *Healthy People 2010* planning agenda, and uses a unique, community-based approach that is best suited to our large and diverse state.

While there are literally hundreds of health issues that are being addressed in Arizona, this plan focuses on twelve areas which health experts and communities themselves have agreed are of priority. Each area includes strategies that ADHS and county and tribal health departments are involved with. But beyond those there are also many strategies designed to engage all sectors of the community: businesses, schools, fire and police, volunteer groups, religious organizations ... the list goes on!

We welcome your involvement with this plan and look forward to a point in 2010 when, as we approach our centennial year as a state, we can truly say that we live in a Healthy Arizona.

Catherine R. Eden
Director

Healthy Arizona 2010 Advisory Board

Dr. Carlos C. (Kent) Campbell, *Chair*
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San Carlos Apache Indian Reservation
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Maricopa Association of Governments
Coconino Coalition for Children and Youth
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KTVK Channel 3, WB 61
Arizona Community Foundation
APS Pinnacle West
Arizona Community Action Association
ADHS/State Epidemiologist
Department of Economic Security
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Arizona Hospital and Healthcare Associates
ADHS/Border Health
Catholic Diocese of Phoenix
Department of Environmental Quality
Governor's Council on Aging
Arizona State Senate
Gila River Department of Public Health
Office of the Governor
Arizona County Public Health Officers Association
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Bureau of Health Statistics
Bureau of Community and Family Health
Bureau of Community and Family Health
Office of Planning and Quality Improvement
Division of Assurance and Licensure
Division of Information Technology Services
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Physical Activity Team
Physical Activity Team
Nutrition Team
Tobacco Use Team
Substance Abuse Team
Mental Health Team
Mental Health Team
Mental Health Team
Responsible Sexual Behavior
Responsible Sexual Behavior
Immunization/Infectious Disease Team
Injury/Violence Prevention Team
Injury/Violence Prevention Team
Oral Health Team
Access to Care Team
Access to Care Team
Environmental Health Team
Maternal/Infant Health Team

Executive Summary

History of “Healthy People”

The Healthy People initiative began in 1979 under President Carter. It was believed that by developing a national health agenda and setting goals for the coming decade as a nation, we could have a collective impact on many of the conditions that lead to the morbidity and premature mortality of our people. Rather than taking a uniform approach to planning at the state level, the Department of Health and Human Services offered the states a compendium of potential health objectives. Each state then chose those objectives that were seen as its top priorities based on available state data. A similar process was used for both HP 1990 and HP 2000.

Healthy People 2010 will, for the first time, collect data from all states on a set of ten *Leading Health Indicators*. These indicators are believed to be most critical to the overall health of the nation. U.S. Surgeon General, Dr. David Satcher, stated at the January 2000 kickoff, that having leading *health* as well as leading *economic* indicators for this nation will elevate the importance of the health of our people.

Multilevel Focus

Healthy Arizona 2010, the state’s Healthy People plan, will be coordinated through the Arizona Department of Health Services as a statewide initiative and will incorporate the participation of county and tribal health departments, the border communities, cities and towns, the faith community, schools and colleges, voluntary organizations, businesses and others.

Structure

Planning teams were developed around each of twelve focus areas, ten of which are Leading Health Indicators. Each team had an ADHS content expert and a business partner, and added members to their team, drawing participants from around the state. Draft objectives developed by the planning teams were compiled into a draft plan and brought to six Arizona regions for public review and comment. After incorporating this input, the draft plan was shared with public health professionals in September 2000. The work of the teams was then to identify all the strategies that could be employed to reach the target objectives by 2010. Work performed by the state, counties, tribes and communities will all be counted in the Healthy Arizona 2010 effort. The mechanism for collecting community data will be through project registration. Throughout the state, local liaisons will be identified who will work with ADHS on tracking the efforts that are going on in their area. These projects will be profiled on the ADHS website so that local successes can be shared and replicated.

Annually, a report card will be prepared on the progress of Healthy Arizona 2010 and data will also be available on the website.

Themes for Healthy Arizona 2010

- ❑ *"Connecting the dots"* - Throughout the state, there are a great many community coalitions working on health issues. The ADHS Healthy Communities office has in its database, more than 100 coalitions that work at the local level on *more than one health issue*. Identifying single-issue coalitions such as cancer, asthma, osteoporosis, etc. will result in a much broader local base. Most of these groups are already working on goals that can be aligned with specific Healthy Arizona 2010 objectives.
- ❑ *People improve health through their behaviors* - The greatest health challenges Americans face are more than ever related to lifestyle and day-to-day behavior. Reducing risk of disease requires increased physical activity, better nutrition, responsible sexual behavior, etc. While government programs can raise awareness of both health risks and successful interventions, change has to occur at the community and individual level. Community coalitions and partnerships can complement the programmatic efforts undertaken by public health practitioners.
- ❑ *Disparities in health status are not acceptable* - One of the overarching goals for Healthy People 2010 is eliminating health disparities. In Arizona there are striking disparities among racial and ethnic groups in areas such as diabetes, infant mortality and heart disease. In addition there are wide disparities in access to health care among rural and urban residents and families with low socioeconomic status. The difference in gender, not unique to Arizona, is reflected in a lifespan for men that is 7.4 years less than women. The focus on eliminating disparities will be part of the planning around each of the health indicators.
- ❑ *Improving the health status of Arizonans is good for business* - Healthy communities attract business. The health of their workers is a value to all Arizona employers. It therefore makes sense to invite the active participation of the business community. The Healthy Arizona 2010 design placed a business partner/sponsor on every planning team to provide support for problem solving, managing and marketing the team's work. Included are the natural health partners: hospitals and managed care organizations whose individual agendas are in many ways parallel to the Healthy People agenda.

Advisory Board

In order to elicit full support and participation from every sector, a Healthy Arizona 2010 Advisory Board was convened in December 2000, with representation from the governor's office, the legislature, counties, tribes, councils of government, state universities, the faith community, the media, and health care organizations. This Board, which has three working committees, will receive reports on each stage of plan implementation and will create opportunities to recognize outstanding work throughout the state.

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